

PR001  
27-Sep-16

# Preliminary Report of Accident

U.S. Department of Labor  
Mine Safety and Health Administration



1. Accident Type: Fatal Injury		2. Accident Classification Powered Haulage		3. Date/Time of Accident 09/23/2016 02:25 AM		4. Date/Time of Death 09/23/2016 03:30 AM		5. Fatal Case No 8					
6. Mine Information :													
a) Mining Company Name Marfork Coal Company, LLC			b) Mine Name Slip Ridge Cedar Grove Mine			c) Parent of Mining Company ALPHA NATURAL RESOURCES HOLDINGS, INC							
7. Mine Location :		a) City Naoma		b) County Raleigh		c) State WV		8. Mine ID Number: 46-09048		9. Union: NO			
10. Primary Mineral Mined: BITUMINOUS		11. Number of Mine Employees:		a) Total 99		b) Underground 94		c) Open Pit/Quarry 0		d) Mill/Prep Plant 0		e) Other 5	
12. Contractor Name:						13. Union		14. Contractor ID Number:					
15. Contractor Address:		a) City		b) County		c) State		d) Zip Code					
16. Number of Contractor Employees:		a) Total		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other			
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:							
a) Mine Employees: 57		b) Contractor Employees: 0		a) Mine Employees: 0		b) Contractor Employees: 0							
19) Location of Accident		<input type="checkbox"/> 01-Underground		<input type="checkbox"/> 03-Open Pit		<input type="checkbox"/> 07-Advance Mining		<input type="checkbox"/> 30-Mill/Prep Plant		<input type="checkbox"/> Other (specify)		20. Mining Height:	
<input checked="" type="checkbox"/> 02-Surface at Underground		<input type="checkbox"/> 06-Dredge Mining		<input type="checkbox"/> 08-Retreat Mining		<input type="checkbox"/> 99-Office Facility						Feet Inches 5 0	
21. Nonfatal Injuries: 1		22. Fatal Injuries: 1											
23. Victim Information :													
a) Name Matthew B. Davis				b) Age 46									
c) Regular Job Title: Shuttle Car Operator				d) Activity at Time of Accident: Leaving work as a passenger in POV				<input checked="" type="checkbox"/> Mine Employee					
24. Experience :		Years Weeks Days		Years Weeks Days		Years Weeks Days		Years Weeks Days					
a) Total:		10 47 4		b) at the mine:		10 47 4		c) at activity (23d)		50 5		d) with Contractor	
25. Autopsy Performed: If Yes, Location YES West Virginia Office of the Chief Medical Examiner								26. Mine Telephone No.: (304) 854-1062					

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

At approximately 2:25 AM on September 23, 2016, a 46 year old miner was fatally injured when the personal vehicle in which he was a passenger wrecked while being driven on the mine access/haul road. The driver of the vehicle sustained minor injuries and was later released from the hospital.

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

28. Equipment Manufacturer: Ford (Ford Motor Co.)				29. Model: F-150					
30. District: C0400 Mt. Hope		32. Field Office: Mt. Hope WV				33. Event Number: 6310829			
34. Accident Investigator: Franklin E. Stover				35. MSHA Person Notified: Fred Wills		Date 09/23/2016		Time 03:30 AM	
36. Type of Report: Initial		37. Name of Preparer and Date Prepared: Franklin E. Stover				Date 09/26/2016			
38. Reason For Amendment:									